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Notice of Independent Review Decision

Date notice sent to all parties: 8/15/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Please address medical necessity of lumbar facet blocks, L4-5 and L5-S1. Base medical necessity on ODG criteria and mention citation in report

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas Licensed orthopedic surgeon.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X- Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Review includes:

1. 5/30/12 denial of Facet Blocks L4-5 and L5-S1
2. 7/27/12 appeal denial of Facet Blocks L4-5 and L5-S1
3. Office notes from MD dated 6/27/12 through 12/5/11
4. MRI of 8/14/11
5. Designated Doctor Exam of 2/22/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The records from the treating provider of Dr. were reviewed in detail. The records include that the claimant has also been treated with an epidural steroid injection of lumbar spine on 04/06/2012, which also did not provide significant ongoing assistance. The claimant has difficulty with activities of daily living and has continued low back pain with radiation into the lower extremity. On examination, the claimant has had guarded range of motion that is worst with extension in lateral toe, paraspinal muscle tenderness has been noted. There has been a positive right-sided straight leg raise. There has been decreased sensation in the anterior and lateral aspect of the thigh and lower legs documented as well as absent bilateral Achilles reflexes.

The claimant originally was injured reportedly when lifting up a rolling steel door that gave way and rolled down landing on her back. Despite the medications, injections and therapy, the claimant continues to be symptomatic. MRI findings from 08/14/2011 were noted to reveal impingement moderately severe at the lateral recess and neural foramen on the left at L4-L5 and L5-S1, this is from 08/14/2011. The most recent records included from 05/21/2012, where there was low back pain, radiation into the lower extremities and the aforementioned, decreased sensation, and absent Achilles reflexes, although, the motor exam was intact. There was extension and rotation also painful, having been documented on clinical exam.

The more recent record actually from Back and Neck including Dr. was actually dated 06/27/2012. The subjective and objective findings were reviewed with an absence of both Achilles reflexes, although, a negative straight leg raise. The lumbar spine had guarded motion that exacerbates on extension, flexion, rotation, and tilt with tenderness of the paraspinals. The impression included lumbago, lumbar spondylosis, and lumbar spinal canal stenosis. The prior records from Dr. were also reviewed in detail. The MRI findings specifically from the Imaging Center dated 08/12/2011, reveal the moderately severe impingement on the lateral recesses and neural foramen on the left at both levels.

A post designated doctor examination was reviewed from 2/22/12.

The findings were that although "compensable aggravation of preexisting degenerative disc changes at L4-L5 and L5-S1 that has produced signs of radiculopathy including muscle weakness."

Opinion. Uphold denials. Rationale: The claimant clearly has a predominant findings overall both subjectively and objectively of radiculitis and radiculopathy with the claimant having absent ankle jerks and decreased sensation that corresponds to the MRI abnormality and relatively minimal facet signs and/or symptoms. The overall pain generation/primary symptomatic generator appears to be the spinal discs with nerve root impingement on the basis of stenosis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

At this time, applicable ODG guidelines would not at all support the proposed facet injections as being medically reasonable or necessary. ODG guidelines reviewed for facet signs and symptoms and also for ODG guidelines regarding facet injections/therapeutic versus diagnostic.

The criteria/ODG for facet injections includes that there should be "no evidence of radicular pain, spinal stenosis." In this case, there is evidence of radicular pain and spinal stenosis and facet signs and symptoms including a "normal sensory examination," "absents of radicular findings" and facet mediated pain on examination and just the muscle areas have not been adequately documented.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**X-DWC- DIVISION OF WORKERS COMPENSATION
POLICIES OR GUIDELINES**

**X-MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**